

NR 565 Week 3 Cafe Collaboration; CPGs Related to Opioid Prescribing

Last Name	Client from Week 3 Lesson
W – Z	Marianne Rubenstein , an 80-year-old female, is currently taking hydrocodone 10mg/acetaminophen 325mg (Norco) PO QID for osteoarthritis.

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1. Introduce your client, their situation, and their medication regimen. Calculate and describe your client's daily morphine milligram equivalents (MME). Provide your calculations and a rationale for your answer. Refer to [this link](#)[Links to an external site.](#)[Open this document with ReadSpeaker docReader](#) for reference.
 1. Marianne Rubenstein is an 80-year-old female who is currently taking hydrocodone 10mg/acetaminophen 325mg (Norco) four times a day by mouth for osteoarthritis.
 2. The morphine milligram equivalents (MME) is a conversion table used by the CDC. The MME is the number of milligrams of morphine an opioid dose is equal to when prescribed and to gauge the overdose potential (CDC, n.d.). Higher dosages of opioids are associated with a higher risk of overdose and death (CDC, n.d.). Each opioid has a conversion factor, with the hydrocodone 10mg conversion factor being 1MME. The recommendation for the lowest starting dose in opioid naïve patients is equivalent to a single dose of 5-10 MME or a daily dose of 20-30 MME/day (Dowell et al., 2022).

The MME calculation for this patient: hydrocodone 10mg/ acetaminophen 325mg (Norco) x 4 doses daily = 40mg MME/day
2. Discuss how your client's daily MME falls above or below the threshold for additional consideration. How do you know?
 1. Marianne's MME of 40 MME/day falls below the threshold of >50 MME/day. Patients with an opioid dosage of >50 MME/day have an increased risk of opioid misuse, overdose, and death (Dowell et al., 2022). Dosages of 50-90 MME/day were associated with minimally greater improvement in pain intensity or function compared to dosages <50 MME/day (Dowell et al., 2022).
3. Consider the need for additional considerations given the total MME, the limited information available in the case, and the risks for overdose. What other consultations, prescriptions, and education may be required given their current individual circumstances and medications?
 1. Additional considerations can be that since Marianne is older, there's a higher risk of side effects like drowsiness and confusion, which could lead to falls or accidents. It might be a good idea to explore non-opioid treatments like topical medications, physical therapy, or joint injections to help manage her pain.
4. Consider the appropriateness of your client's medication regimen. According to the CPG, what other prescriptions may be more appropriate for their individual circumstances? If no change is needed or warranted according to the CPG, state that with